

		WARNING	
Affix signed passport size (5 cm x 7 cm) copy of recent photograph)		1	The furnishing of false information or suppression of any factual information in the attestation form would be disqualification and is likely to render the candidate unfit for employment under the Government.
		2	If detained, arrested, prosecuted, bound down, fines convicted, debarred, acquitted etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information.
		3	If, the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person his/ he service would be liable to be terminated.
1	Name in full (in block capitals) with aliases, if any. (Please indicate if you have added or dropped in any stage any part of your name of surname.)	SURNAME	NAME
2	Present address in full (i.e. Village, Thana and Distt. Or House No., Lane / Street Road and Town)		
3(a)	Home address in full (i.e. Vill., Thana and Distt. Or House No., Lane / Street / Road and Town have of Distt. Hqr.		
3(b)	If originally a resident of Pakistan / Bangladesh (erstwhile East-Pakistan), the address in that country and the date of migration to Indian Union		
4	Aadhar Card No (if available)		
5	Pan No (if available)		
6	Nationality		
7(a)	Date of Birth		
7(b)	Present Age		
7(c)	Age at Matriculation		
8(a)	Place of birth: District and state in which situated		
8(b)	District and state to which you belong		
8(c)	District and state to which your father originally belong		

9(a)		Your Religion -					
9(b)		Are you a member of a Scheduled Caste/Scheduled Tribe/Other Backward Classes ? (Answer Yes or No)					
10							
Particulars of places (with period of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.							
From		To	Residential address in full (i.e. Village, Thana & District or House No. & Street / Road and Town		Name of the District Hqtr., of the place mentioned in the preceding column		
11		Name (in full & aliases, if any)	Nationality (by Birth & or by domicile)	Place of birth	Occupation (if employed give designation & official address.)	Present postal address (if dead, give last Address)	Permanent Home Address
a	Father						
b	Mother						
c	Spouse						
12							
Information to be furnished with regard to sons and / or daughters in case they are studying / living in a foreign country.							
Name		Nationality by birth or by domicile	Place of Birth	Country in which studying/living with full address		Date from which Studying / Living in the country mentioned in the previous column	

13	Educational qualification showing place of education with years in schools and colleges since 15th years of age.				
	Name of School/College with Full Address	Date of entering .	Date of Leaving	Examination Passed	
14(a)	Are you holding or have any time held an appointment under the Central Govt. or State Govt. or a quasi-Govt. body or an Autonomous body or a public undertaking, or a private firm or institution? If so, give full particulars with dates of employment up to date				
	Period		Designation, emoluments and nature of Employment	Full name and address of employer	Reasons for leaving previous service
	From	To			
14(b)	<p>If the previous employment was under the Govt. of India / State Govt./an undertaking owned or Controlled by the Govt. of India or a State Govt. an Autonomous Body / University / Local Body</p> <p>If you had left service on giving one month's notice under Rule 5 of the Central Service (temporary service) Rules 1965 or any similar corresponding rules, were any disciplinary proceeding framed against you, or had you been called upon to explain you conduct in any matter at the time you gave notice of termination of service or at a subsequent date (s) before your service actually terminated?</p>				
15(i)	(a)	Have you ever been kept under detention?		Yes/ No	
	(b)	Have you ever been arrested?		Yes/ No	
	(c)	Have you ever been prosecuted? (i.e., has a charge sheet in a criminal case been filed against in any court of law)		Yes/ No	
	(d)	Is any criminal case pending against you in any court of law at the time of filling up this attestation from?		Yes/ No	
	(e)	Have you ever been convicted by a Court of law for any offence ?		Yes/ No	
	(f)	Whether discharged / expelled / withdrawn from any training / institution under the Government or otherwise ?		Yes/ No	
	(g)	Have you ever been rusticated by any University or any other educational authority/ institution?		Yes/ No	
	(h)	Have you ever been debarred / disqualified by any Public Service Commission / Staff Selection Commission for any of its examination / selection?		Yes/ No	

15 (ii)	If the answer to any of the above mentioned question is "Yes" (give full particulars of the case / arrest / detention / fine / conviction / punishment, etc. and /or the nature of the case pending in the Court / University / Educational Authority, etc. at the time of filling up this Attestation Form.		
Notes	(i)	Please also see the "Warning" at the top of this Attestation Form	
	(ii)	Specific answers to each of the questions should be given by striking out "Yes" or "No" as the case may be.	
16	Names of two responsible persons of your locality or two references to whom you are known.	1	2
DECLARATION			
<p>I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/ civil/ legal action as a consequence.</p> <p>I am not aware of any circumstances which might impair my fitness for employment under Government.</p> <p style="text-align: right;">Signature of candidate: Date: Place:</p>			
TO BE FILLED BY THE OFFICE			
(i)	Name, Designation and full address of the appointment authority		
(ii)	Post for which the candidate is being considered		

IDENTITY CERTIFICATE

Certified that I have known Shri / Smt./
Kum. _____ Son / Daughter of Shri
_____ for the last _____ years _____

months and to the best of my knowledge and belief, the particulars furnished by him/her
are correct.

Date :

Signature:

Place :

Designation / Status and
Address with seal

NOTE : THIS CERTIFICATE IS TO BE SIGNED BY ANY ONE OF THE
FOLLOWING.

1. Gazetted Officers of Central or State Government.
2. Members of Parliament or State Legislature belonging to the Constituency where the candidate or his parent / guardian is Originally a resident
3. Sub-Divisional Magistrate / Officers
4. Tahsildars / Deputy Tahsildars authorized to exercise Magisterial powers
5. Principal / Head Master of the recognized School(s) / College(s) / Institution where the candidate studied last
6. Block Development Officers
7. Post Masters
8. Panchayat Inspectors

I. CHARACTER CERTIFICATE

Certified that I have known Shri / Smt. / Kum.

Son / Daughter of Shri _____ for the last _____ years _____ months and to the best of my knowledge and belief, he / she bears reputable character and has no antecedents which render him / her unsuitable for Government employment.

2. Shri / Smt. Kum. _____ is not related to me.

Date :
Place :

Signature :
Designation :
Seal :

II. CHARACTER CERTIFICATE

Certified that I have known Shri / Smt. / Kum. _____ Son / Daughter of Shri _____ for the last _____ years _____ months and to the best of my knowledge and belief, he / she bears reputable character and has no antecedents which render him / her unsuitable for Government employment.

2. Shri / Smt. Kum. _____ is not related to me.

Date :
Place :

Signature :
Designation :
Seal :

TO BE FILLED BY THE OFFICE

Form of declaration to be submitted by OBC Candidate
(in addition to the community certificate)

I, _____ Son/Daughter of Shri.
_____ Resident of village/town/city
_____ district _____

State _____ hereby declare that I belong to the
_____ community which is recognized as a backward class
by the Department of Personnel and Training Office memorandum No. 36012/22/93-
Estt.(SCT) dated 08.09.1993. It is also declared that as on closing date I do not belong
to persons/sections (Creamy layer) mentioned in column 3 of the Schedule to the
above referred memorandum dated 08.09.1993, O.M. No. 36033/3/2004-Estt.(Res.)
dated 9th March, 2004, O.M No. 36033/3/2004-Estt. (Res) dated 14th October, 2008
and O.M. No. 36033/1/2013-Estt. (Res.) dated 27th May, 2013.

Signature of the Candidate:

Full Name:

~~Roll No:~~

Place:.....

Date:.....

Declaration / Undertaking not signed by Candidate will be rejected.

अनुबंध / ANNEXURE - 'B'

उम्मीदवारों के बयान और घोषणा

CANDIDATES STATEMENT AND DECLARATION

उम्मीदवार अपनी चिकित्सा जांच करने से पहले नीचे की आवश्यकता अनुसार बयान करना चाहिए और उससे संलग्न घोषणापत्र पर हस्ताक्षर करना चाहिए। उसके ध्यान नीचे नोट में निहित चेतावनी की ओर विशेष रूप से निर्देशित है।

The candidate must make the statement required below prior to his/ her medical examination and must sign the declaration appended thereto. His/her attention is specially directed to the warning contained in the note below: -

- अपना पूरा नाम लिखिए (स्पष्ट अक्षरों में)
State your name in full (in block letters)
- अपनी उम्र और जन्म स्थान लिखिए
State your age and place of birth:
- (क) यदि आप को कभी भी, चेचक, रुक रुककर होने वाले या किसी अन्य बुखार, ग्रंथियों की वृद्धि या पीप आना, रक्त का थूकना, अस्थमा, हृदय रोग, फेफड़ों की बीमारी, आमवात के आक्रमण से कमजोरी होना, पथरी की बीमारी हुआ है ?
(a) Have you ever had small pox, Intermittent or any other fever, Enlargement or suppuration of glands, spitting of blood, asthma, Heart disease, lung disease, fainting attacks rheumatism, appendicitis?
(ख) किसी भी अन्य बीमारी या दुर्घटना जिस की वजह से बिस्तर पर आराम करने की और मेडिकल या सर्जिकल इलाज के लिए आवश्यकता होती है ?
(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?
- आप ने पिछली बार कब टीका लगाया था ?
When you were last vaccinated?
- आप या आपके किसी संबंधी स्कारफुला का खपत, गठिया, दमा, फिट्स, मिर्गी या पागलपन से पीड़ित हो गए हैं ?
Have you or any of your near relations been afflicted with consumption scarfula, gout, asthma, fits, epilepsy or insanity?
- अगर आप अधिक काम या किसी अन्य कारण के होने के कारण होरवौसनेस्स के किसी भी रूप से पीड़ित हो गए हैं?
Have you suffered from any form of horvousness due to over work or any other cause?
- पिछले 3 वर्षों के भीतर एक चिकित्सा अधिकारी / मेडिकल बोर्ड द्वारा आप की जांच करके क्या आप को सरकार सेवा के लिए अयोग्य घोषित किया गया है ?
Have you been examined and declared unfit for Govt. service by a Medical Officer /Medical Board, within the last 3 years?
- अपने परिवार के संबंध में निम्नलिखित विवरण प्रस्तुत करें। / Furnish the following particulars concerning your Family:-

पिता की उम्र, यदि जीवित है तो, और उनके स्वास्थ्य की स्थिति Father's age if living and state of health	पिता की मृत्यु के समय की उम्र और मौत का कारण Father's age at death and cause of death	जीवित भाइयों की संख्या, उनकी उम्र और स्वास्थ्य की स्थिति No. of brothers living, their ages & state of health	मृत भाइयों की संख्या, मृत्यु के समय की उम्र और मृत्यु के कारण No. of brothers dead their age at death and cause of death

माता की उम्र, यदि जीवित हैं तो, और उनके स्वास्थ्य की स्थिति Mother's age if living and state of health	माता की मृत्यु के समय की उम्र और मृत का कारण Mother's age at death and cause of death	जीवित बहनों की संख्या, उनकी उम्र और स्वास्थ्य की स्थिति No. of sisters living, their ages & state of health	मृत बहनों की संख्या, मृत्यु के समय की उम्र और मृत्यु के कारण No. of sisters dead their age at death and cause of death

मैं घोषणा करता /करती हूँ कि उपर्युक्त प्रश्नों के सभी उत्तर मेरी जानकारी और विश्वासके अनुसार सही हैं ।

I declare all the above answers to be, to the best of my knowledge and belief, correct.

मैं यह भी सत्यनिष्ठा से समर्थन करता /करती हूँ कि मुझे किसी भी बीमारी या अन्य हालत के कारण एक विकलांगता प्रमाण पत्र / पेंशन नहीं मिला है ।

I also solemnly affirm that, I have not received a disability certificate /pension on account of any disease or other condition.

उम्मीदवार का हस्ताक्षर
CANDIDATE'S SIGNATURE

मेरी उपस्थिति में हस्ताक्षर किए हैं
SIGNED IN MY PRESENCE

दिनांक / Date:

स्थान / Place:

कार्यालय सील / Office Seal

सील सहित चिकित्सा अधिकारी का हस्ताक्षर
SIGNATURE OF MEDICAL OFFICER WITH SEAL

नोट: - उम्मीदवार ऊपर बयान की सटीकता के लिए जिम्मेदार ठहराया जाएगा। जानबूझकर किसी भी जानकारी को दबा ने के कारण उन्हें नियुक्ति को खोने का, और अगर नियुक्त किया गया है तो, सेवानिवृत्ति भत्ता या उपदान के लिए सभी दावे का अधिकार खो देने का जोखिम उठाना होगा ।

Note: - The candidate will be held responsible for accuracy of the above statement. By the willfully suppressing any information he/she will incur the risk of losing the appointment, and if appointed, of forfeiting all claim to superannuation allowance or gratuity.

MEDICAL CERTIFICATE TO BE FURNISHED FOR APPOINTMENT TO THE POST OF INSPECTOR			
Name of the candidate:		Paste a recent passport size photograph	
Rank no.			
Signature of the candidate			
Right Thumb Impression			
(Photo to be attested by the Medical Officer)			
(I) PHYSICAL STANDARD TEST			
Height (in Cms)			
Weight (for female candidates only)			
Chest measurement (for male candidates only):			
Normal (before expansion)	Expanded (after expansion)	Difference of expansion	
(II) FREE FROM COLOR BLINDNESS CERTIFICATE			
Certified that I have examined Mr/Ms _____ whose signature is appended above, and certify that his /her colour vision is Normal/Defective. (Strike Off which is not applicable).			
(Seal of the Medical Officer)		(Signature of Medical Officer)	
Place		Name	
Date		Reg. No.	

MEDICAL CERTIFICATE OF FITNESS OF FIRST ENTRY INTO GOVERNMENT SERVICE		
(Rules made by the President under FR 10)		
I hereby certify that I have examined Shri/Smt/Kum. _____		
a candidate for employment in the _____ Department and cannot		
discover that _____ has any disease (communicable		
or otherwise), constitutional weakness or bodily infirmity except _____		
_____. I do not consider this a disqualification for		
employment in the office of _____		
(Seal of the Medical Officer)	(Signature of Civil Surgeon/Medical Officer)	
	Name	
Place: Date:	Reg. No.	